

Name
in
Full

Mary Jane Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	—	6 —
Occupation	Where Residing if not at place of death	Birth-place	2nd	—
Married, Single or Widowed	Name of Wife or Husband	—	—	—
Father's Name	John Bean	—	—	2nd
Mother's Maiden Name	Ellen Ann Bean	—	—	2nd
Name of person giving Information	Mary E. Bean	—	—	Grandmother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

105

How long

2 week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

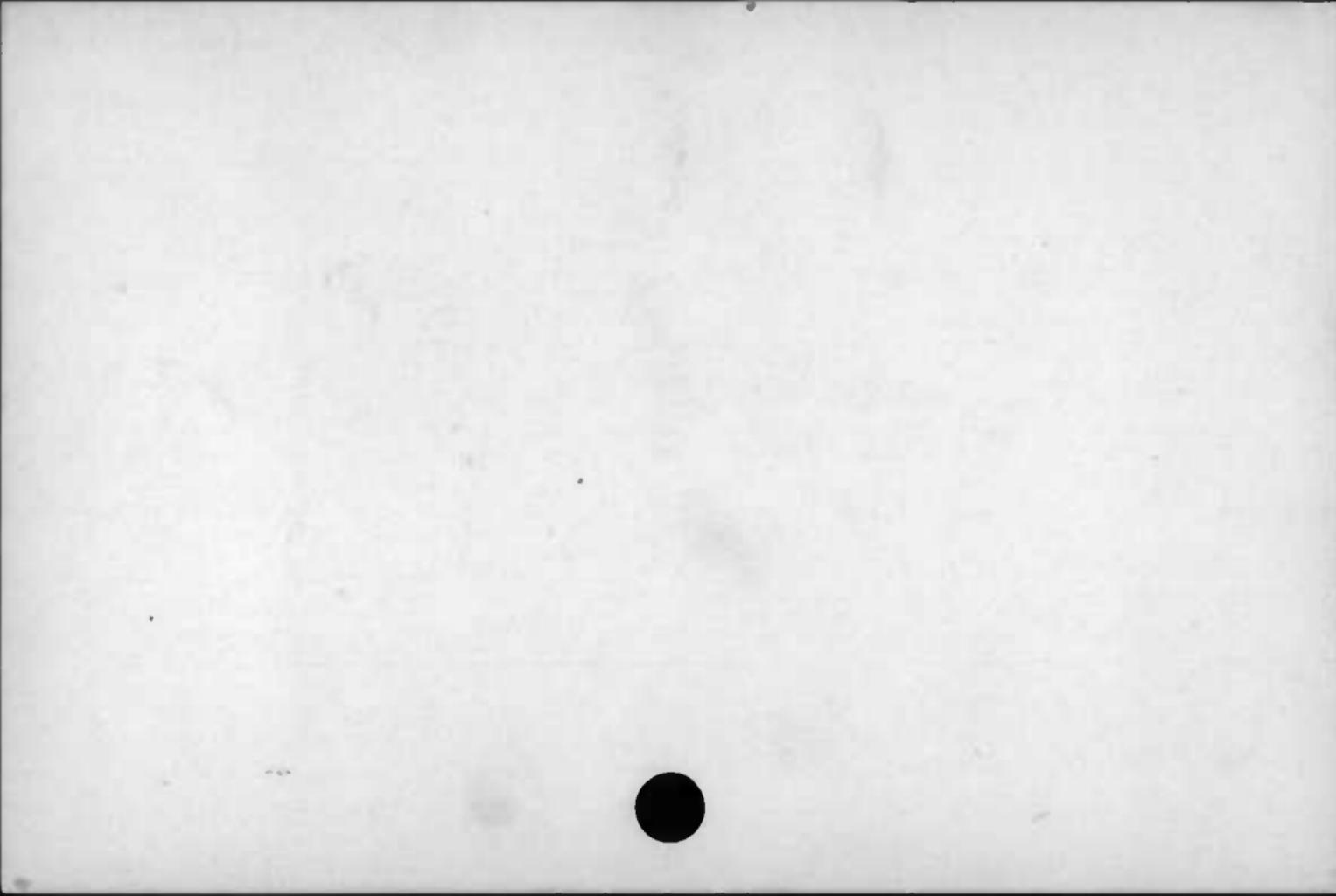
Address

G. O. Monroe

Waldorf

md

Accident or Suicide?



Name
in
Full

Mary E Boamman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

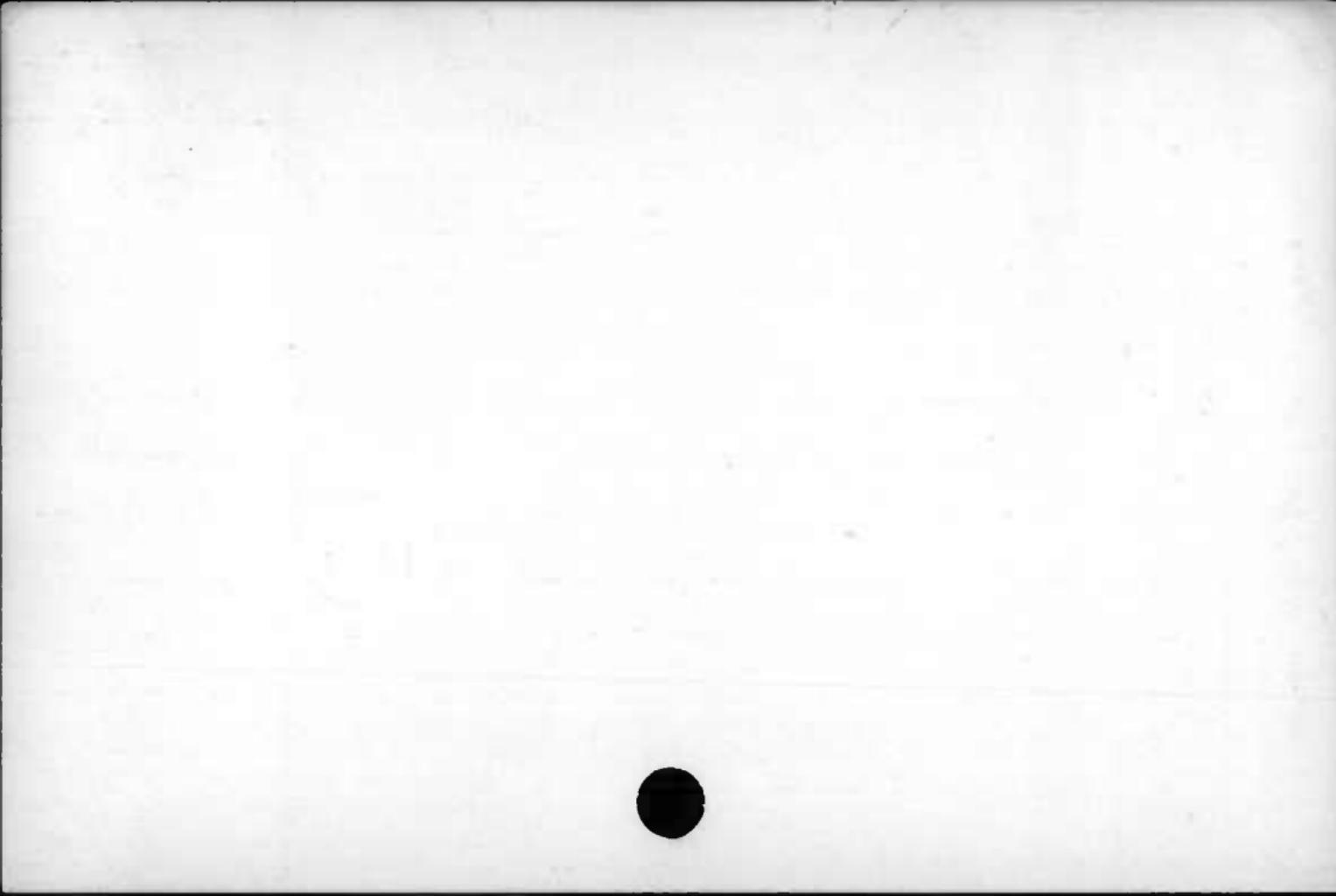
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Caucasian		
Occupation	None		Where Residing if not at place of death	Charles Co	
Married, Single or Widowed	Widow		Name of Wife or Husband	John Dr. Boamman	
Father's Name	Geo. J. Gardiner		John Dr. Boamman	Father's Birthplace	Charles Co
Mother's Maiden Name	Sophia Simms		John Dr. Boamman	Mother's Birthplace	Charles Co
Name of person giving information	John Dr. Boamman		John Dr. Boamman	How related to deceased	Son

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Fracture Femur	
Immediate	Ex haemorrh Cordiac	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident suicide	Occident	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary R. Braller

CERTIFICATE OF DEATH

Died at <u>Potomac</u> -		Town	County <u>Charles</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>June</u>	Day <u>10</u>	Age <u>83</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Luc</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at home</u>						
Married, Single or Widowed <u>Mourning</u>	Name of Wife or Husband <u>Unknown</u>				Father's Birthplace <u>Dad</u>		
Father's Name <u>John Braller</u>				Mother's Birthplace <u>Dad</u>			
Mother's Maiden Name <u>C. Dyson</u>				How related to deceased <u>Sister</u>			
Name of person giving information <u>James Braller</u>							

CAUSES OF DEATH

154

How long

Primary

Old age

How long

Immediate

Stroke of palsy

Short while

Are the name, age, sex, color, date and place correctly given above?

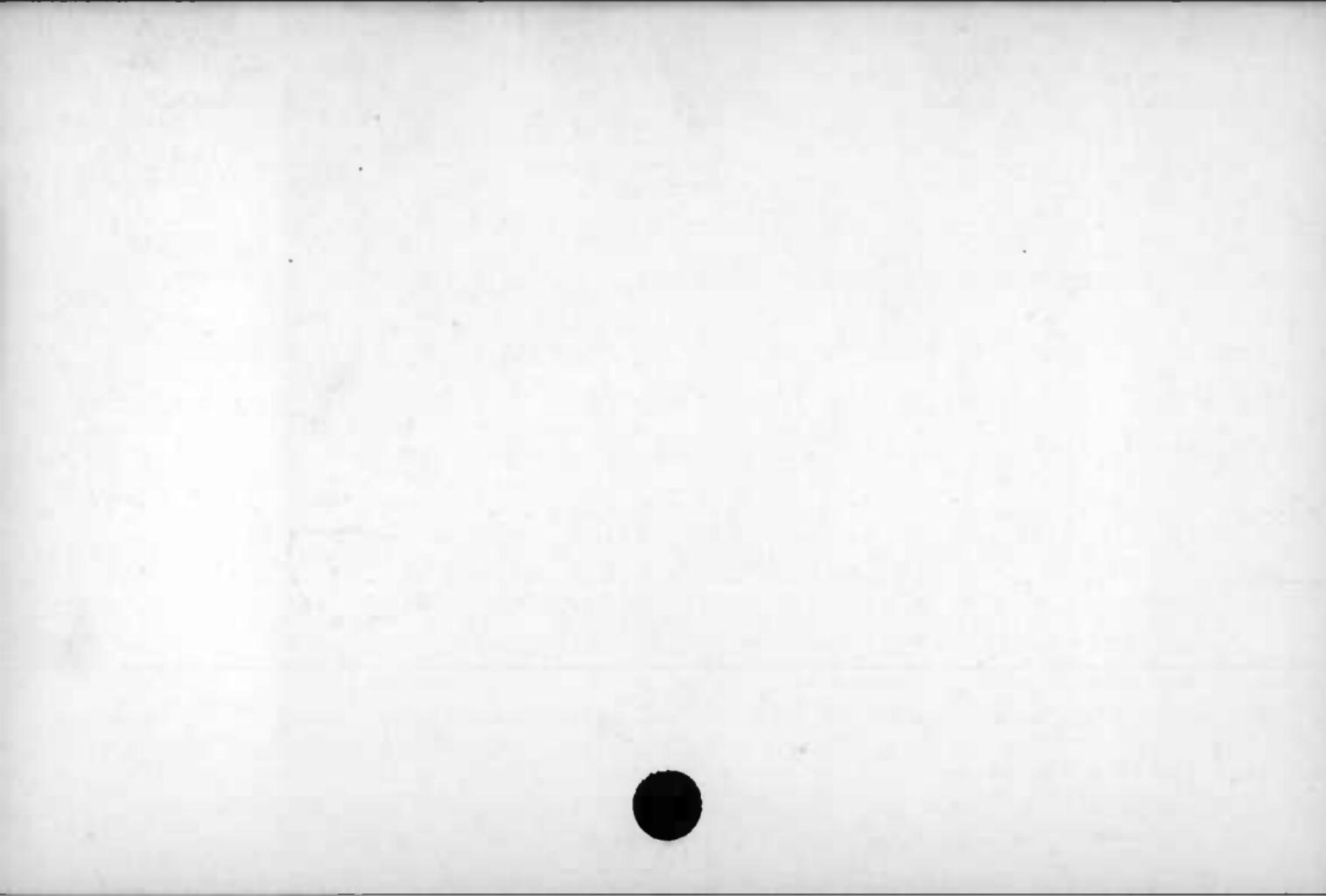
Signature of Physician

Address

J. O. Morris

Waldorf
Dad

Accident or Suicide?



Name
in
Full

Robert Edward Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	June	17	—	2	26	
Sex	Color or Race	Place of death				
Male	Colored	Pocomoke City				
Occupation	Where Residing if not place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Robert Brown					
Mother's Maiden Name	Ida Toler					
Name of person giving information	Ida Toler					

CAUSES OF DEATH

105

Primary

Enteric colitis

How long

1 week

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

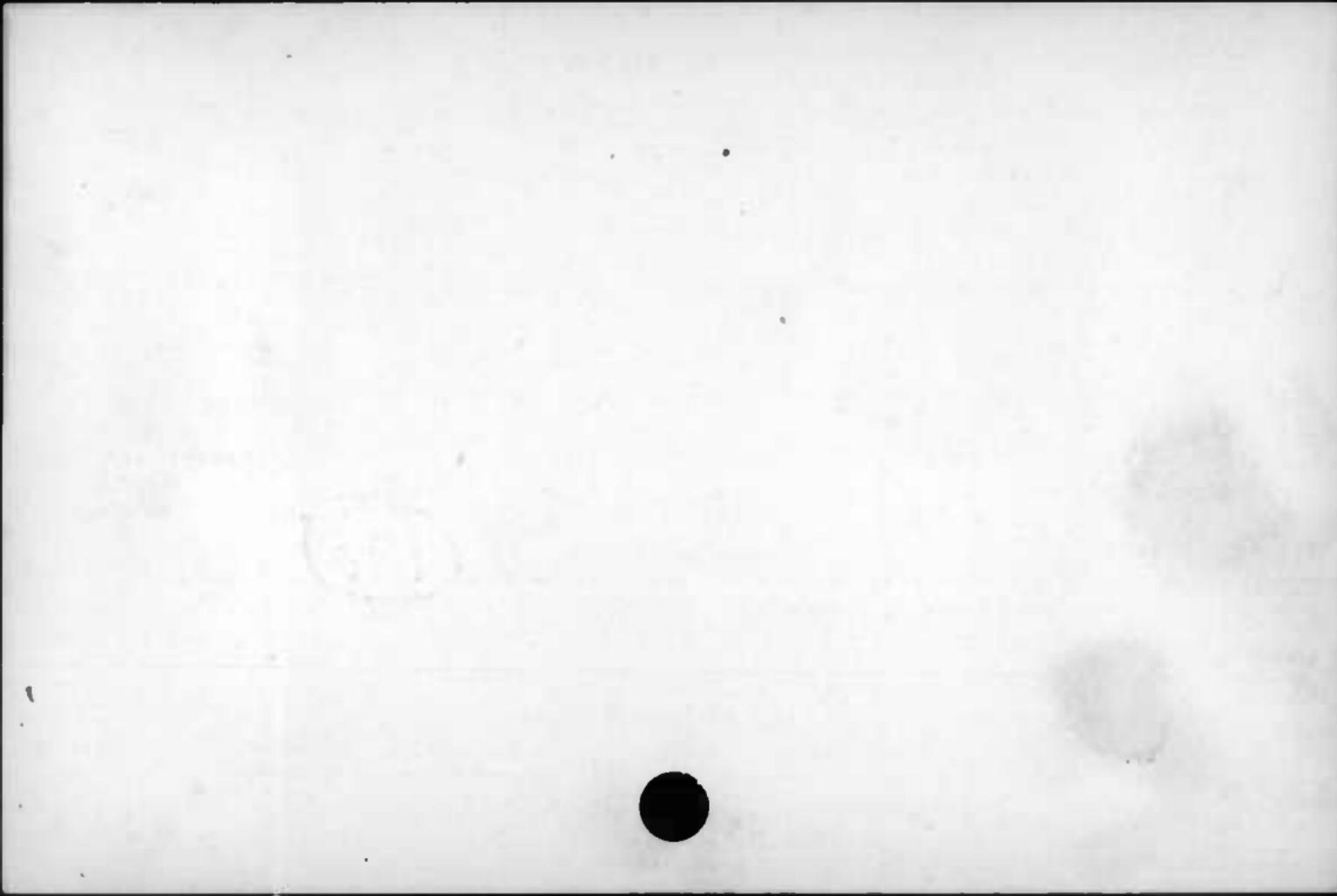
Signature of Physician

Address

J.W. Mitchell Esq
Pocomoke City

Accident or Suicide?

UV



Died at		Town	County	MARYLAND		
Popes Creek		Charles				
Date of death	1908	Month June	Day 29	Age 26	Years	Months
Sex	Female	Color or Race	White	Birth-place	Hoboken, N.J.	
Occupation	Cook	Where Residing if not at place of death			Popes Creek, Md.	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Unknown	
Father's Name	Unknown			Mother's Maiden Name	Unknown	
Mother's Maiden Name	Unknown			Name of person giving Information	W. J. Gordon	
How related to deceased		None				

swallowed the flames also.		CAUSES OF DEATH	
Primary	Burns (entire body surface)		167
Immediate	Internal Hemorrhage		6 hrs.
Are the name, age, sex, color, date and place correctly given above?		How long	
Yes		1 1/4 yrs.	
Signature of Physician		Reeder Gough, M. D.	
Address		Newburg, Md.	
Accident or Suicide?		Yes	

She lived for about six hours after exploding of the kerosene,
and following a severe hemorrhage. She expired.

Name
in
Full

Catherine Gleuccato

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pawtucket Town Pawtucket County
Date of death 1908 June 16 Month Day 16 Years
Age 5 Months 5 Days

Sex Female Color or Race White Birth-place Pawtucket

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name Wm B. Gleuccato

Father's Birthplace Glynneston

Mother's Maiden Name Barney Simmous

Mother's Birthplace Right Bank

Name of person giving
Information Wm B. Gleuccato

How related
to deceased Brother

CAUSES OF DEATH

105°

Primary

Enteric colitis

10 days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

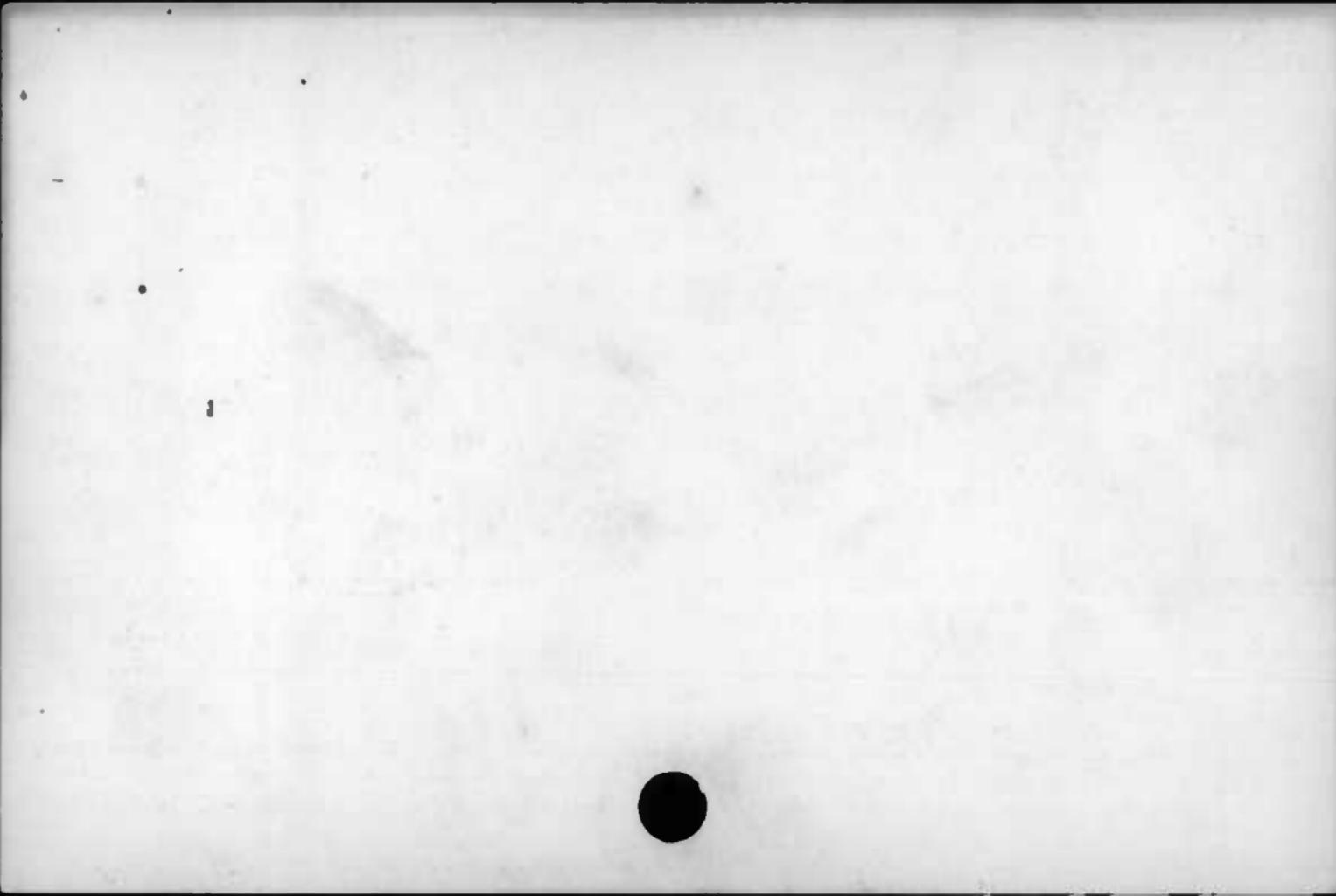
Signature of
Physician

Address

J. W. Gleuccato
Pawtucket

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harry Dorsay

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month June	Day 22	Years 58	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	St. Marys	
Occupation	Farmer		Where Residing if not at place of death	Ferry		
Married, Single or Widowed	Married	Name of Wife or Husband	Eliza Dorsay	Father's Name	St. Marys	
Father's Name	Henry Dorsay		Father's Birthplace	St. Marys		
Mother's Maiden Name			Mother's Birthplace	St. Marys		
Name of person giving information	Colbert Meredith		How related to deceased	Brother-in-law		

CAUSES OF DEATH

66

Primary

Paralysis

How long

17 months

Immediate

How long

11 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. G. Simpson,
Sub Register,
Annapolis Md.

Address

Accident or Suicide?

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary A. L. Dorsey

Died at		Town	County		MARYLAND	
Offing Hill		Charles				
Date of death	1908 June	Month	Day	Years	Months	Days
			15 th	1	4	-
Sex	Female	Color or Race	Colored	Birth-place	Charles Co	
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	John F Dorsey				Father's Birthplace	Charles Co
Mother's Maiden Name	Mary Boarmann				Mother's Birthplace	Charles Co
Name of person giving Information	John F Dorsey				How related to deceased	Father

CAUSES OF DEATH

105

Primary	Cholera infantum	How long	2 days
Immediate	General exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos. S. Dow
Yes		Address	La Plata

Accident or Suicide?

No

Name

in
Full

Sidney S. Golden

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John A. Golden				
Mother's Maiden Name	Elizabeth A. Skinner				
Name of person giving information	Arthur Golden				

1

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholangitis - Typhoid Fever - Appendicitis 18 days.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

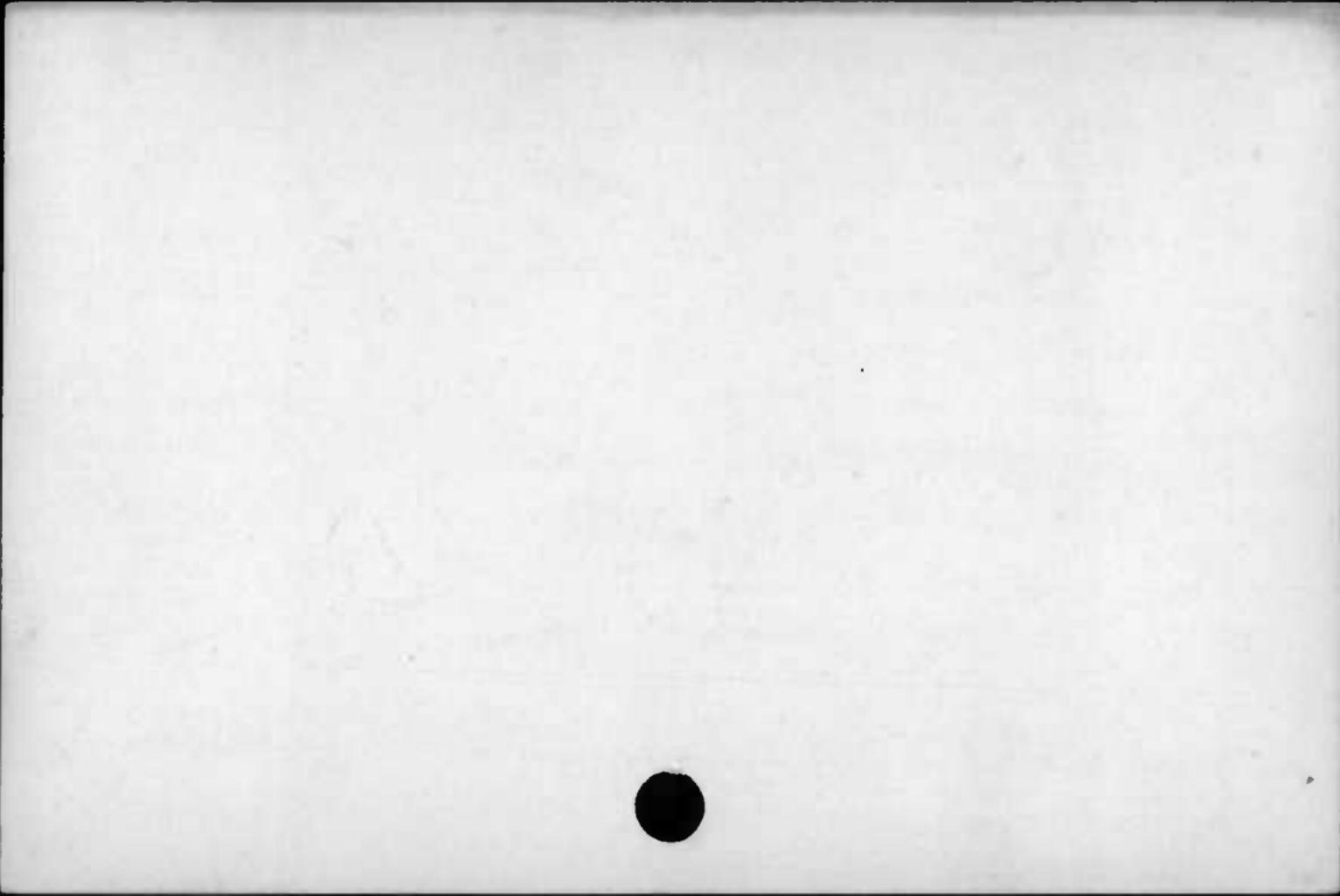
Yes

Signature of Physician

Address

Geo. B. Bicknell,
Pisgah, Md.

Accident or Suicide?



Name
in
Full

Blanchard L. Gray

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Potowmkey Town Colocassie County

MARYLAND

Date of death 1908 June 19 Month June Day 19 Years — Months 6 Days —

Sex Female

Color or Race Colored

Birth-place Washington D.C.

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name James Gray

Father's Birthplace Virginia

Mother's Maiden Name Blanchard Johnson

Mother's Birthplace Washington D.C.

Name of person giving information Ernest Johnson

How related to deceased Great Grandson

CAUSES OF DEATH

105

Primary

Enteric colitis.

Two weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

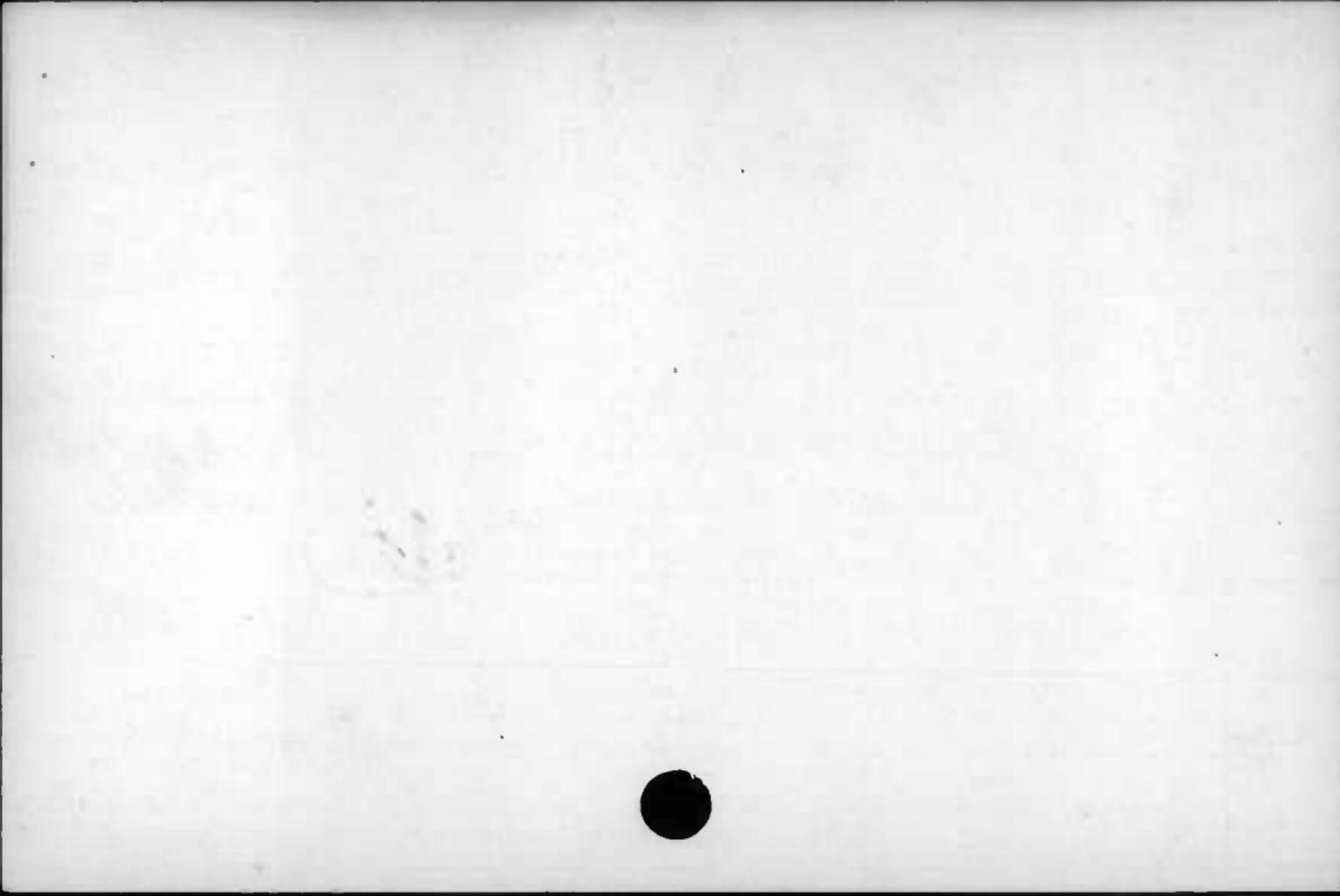
J. W. Blanchard M.D.

Address

Potowmkey D.C.

PHYSICIAN
OR CORONER

Accident or Suicide? —



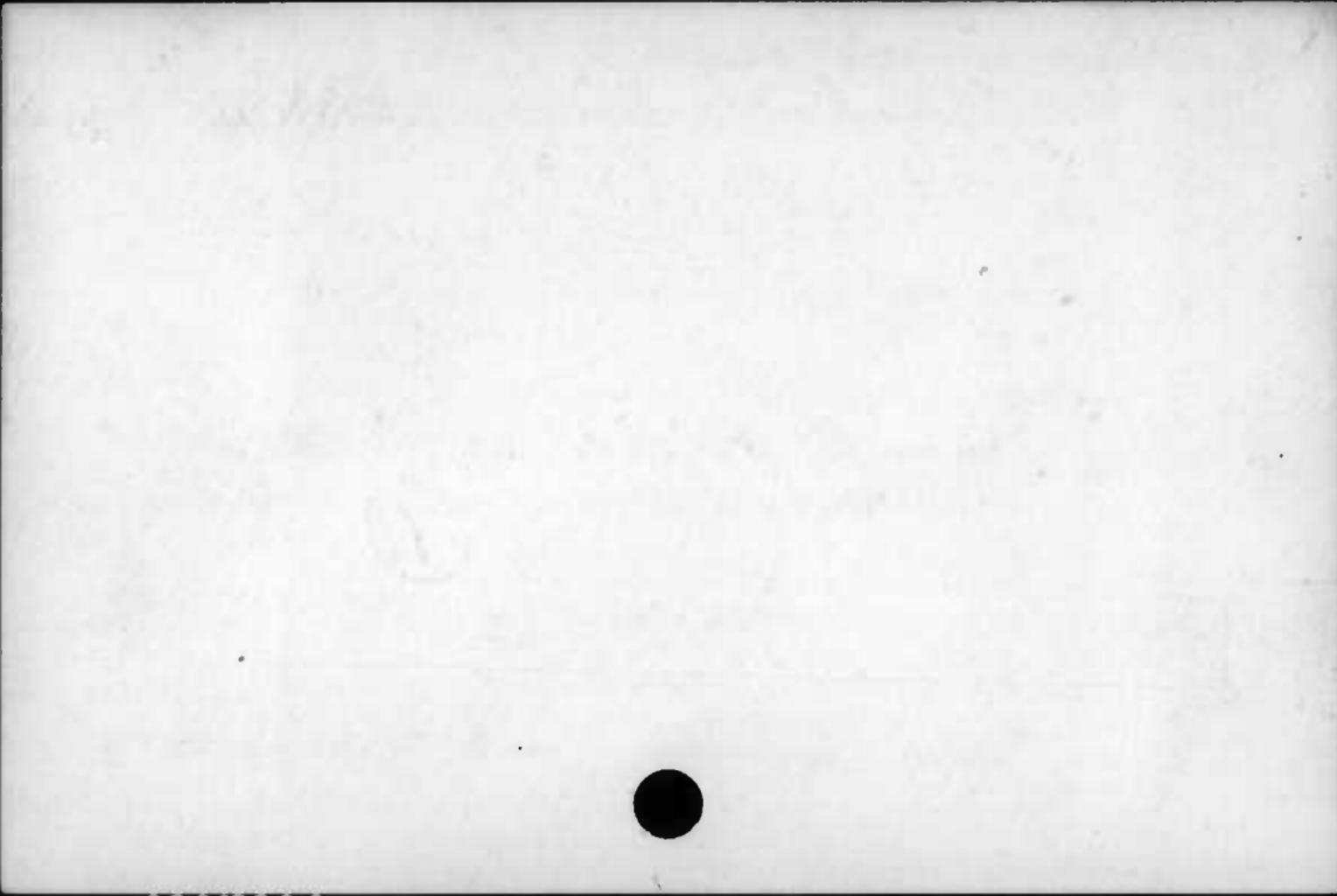
Mary Heemsley

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month June	Day 5	Years 48	Months unknown	Days unknown
Sex	Female	Color or Race	collard		Birth-place	chas.co Md.
Occupation	Housekeeping		Where Residing if not at place of death			
Married, Single or Widowed	Singled	Name of Wife or Husband	None		Father's Birthplace	Charles co Md
Father's Name	Ibenley Heemsley				Mother's Birthplace	chasco Md
Mother's Maiden Name	Margretta Turner				How related to deceased	Sister
Name of person giving information	Caroline Heemsley					

CAUSES OF DEATH

Primary	Nephritis - Rheumatism		How long	3 yrs.
Immediate	Typhoid fever - Toxic Arthritis		How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Geo. G. Bicknell
			Address	Pinckney, Md.
Accident or Suicide?		no		



Name
in
Full

Philip Neeson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	6		11		
Sex	Male	Color or Race	Colored	Birth-place	and
Occupation	None				
Where Residing if not at place of death					
Married, Single or Widowed	5	Name of Wife or Husband	—		
Father's Name	Henry Neeson				
Mother's Maiden Name	Sarah Neeson				
Name of person giving Information	Sarah Neeson				

md
md
mother

CAUSES OF DEATH

79

How long
about two years

How long
one week

PHYSICIAN
OR CORONER

Primary

Heart Disease, about two years

Immediate

Acetone and Heart Failure one week

Are the name, age, sex, color, date
and place correctly given above?

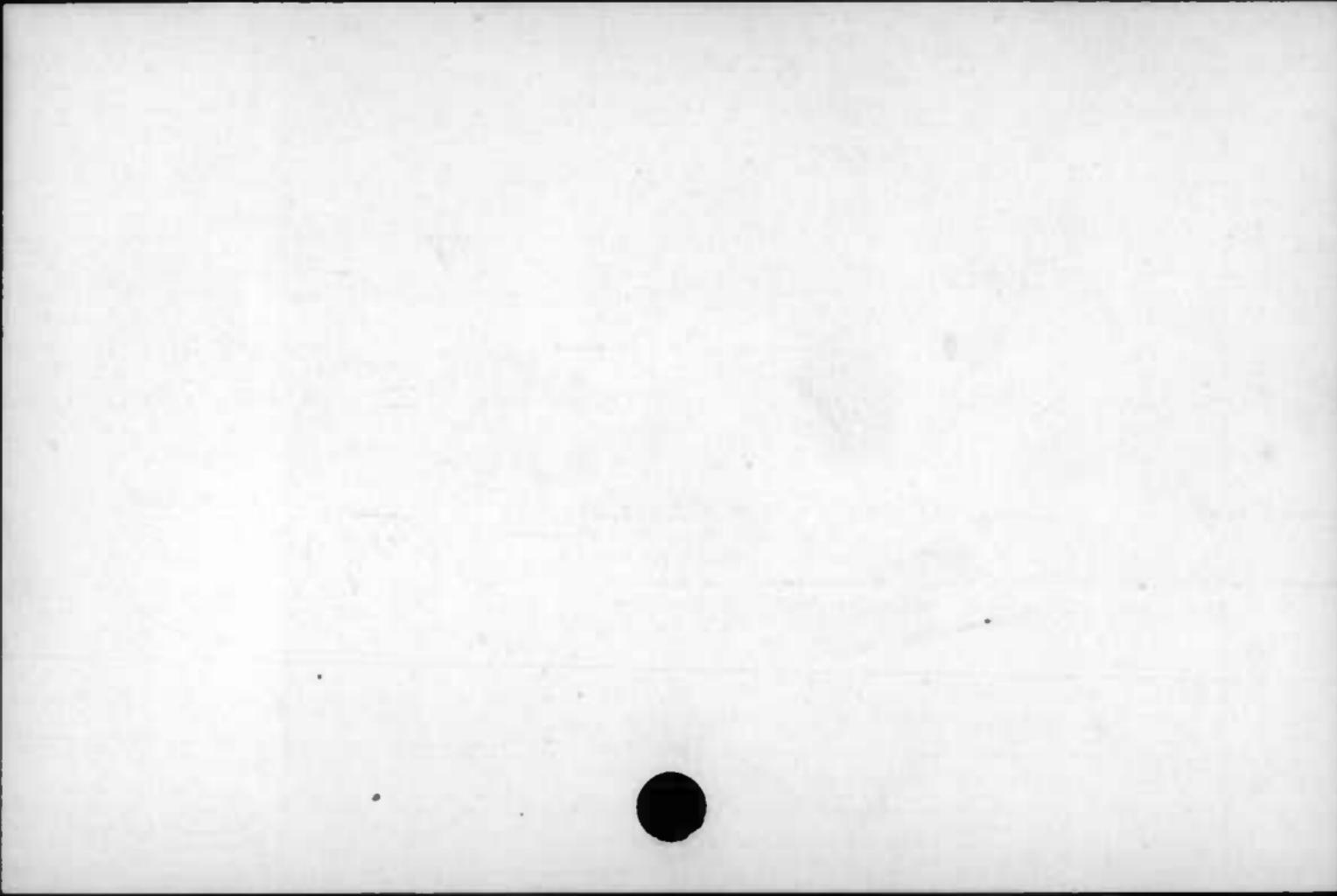
Signature of
Physician

Address

L. Neeson
La Plata
Md

Accident or Suicide?

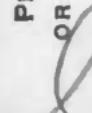
Yes



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Sarah Jenkins.

CERTIFICATE OF DEATH

Died at

Town

Pisgah

County

Charles

MARYLAND

Date
of death

1908

Month

June

Day

30

Years

101

Months

~

Days

~

Sex

Female

Color or
Race

Colored

Birth-
place

Westmoreland Co., Va.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Unknown

Father's
Name

James Thompson

Father's
Birthplace

Westmoreland Co., Va.

Mother's
Maidan Name

Unknown

Mother's
Birthplace

Name of person giving
Information

Robert B. Thompson

How related
to deceased

Son

CAUSES OF DEATH

154

How long

Primary

Senile Dementia

How long

Immediate

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo. C. Bicknell,
Pisgah,
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Edmund B. Johnson
Town _____ County _____
Died at Mountaine Hall Charles

MARYLAND

Date of death	Month	Day	Years	Months	Days
1908	June	20	68	—	—

Sex	Male	Color or Race	White	Birth-place	P. Geo. Co. Ind
-----	------	---------------	-------	-------------	-----------------

Occupation	Merchant	Where Residing if not at place of death	—
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Married, Single or Widowed	Single	Name of Wife or Husband	—
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Father's Name	Edmund Johnson
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Father's Birthplace	Fairfax Co. Va.
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Mother's Maiden Name	Margaret Thompson
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Mother's Birthplace	P. Geo Co. Ind
---------------------	----------------

Name of person giving information	Clinton Johnson
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How related to deceased	Brother
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CAUSES OF DEATH

Primary

Heart Disease

79

How long

One year

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. W. Whitehead M.D.

Address

Providence Ind

Accident or Suicide?

Yes
No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jerry Marbury				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	1908 June 24	Month Day	Years 95	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Birth-	
Occupation	Laborer		Where Residing if not at place of death	At place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Jairis Marbury	Father's Birthplace	Not known	
Father's Name	Not known		"	Mother's Birthplace	"	
Mother's Maiden Name	" "		"	How related to deceased	"	
Name of person giving information	Wesley Marbury		Jun	How long	154	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

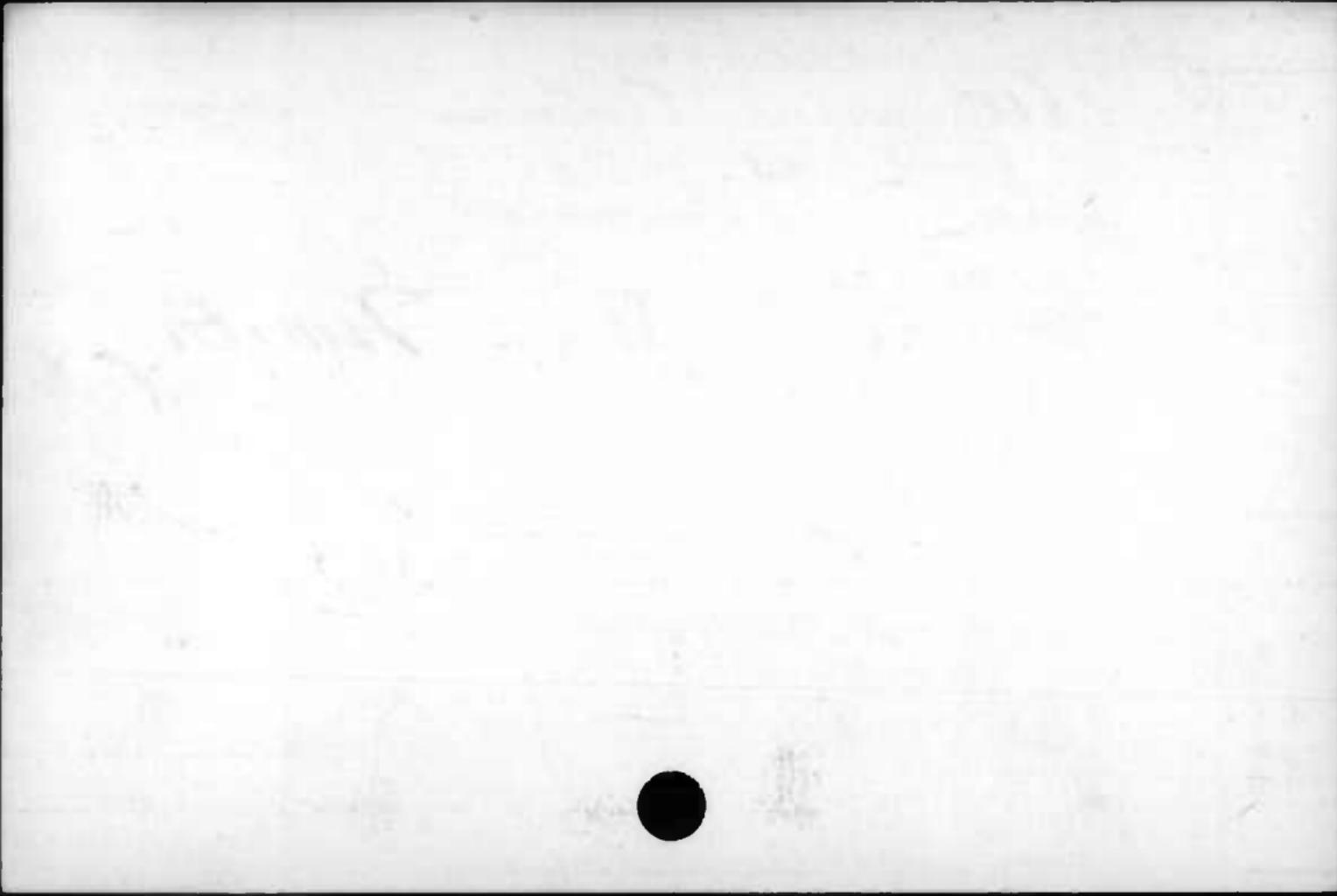
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Old Age
Yes
John Marshall
Sub Prg
Pomona Ked



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James F. Mathews					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1908	Month June	Day 29	Years Age 74	Months 1	Days 10	
Sex	Male	Color or Race	Caucasian		Birth-place		
Occupation	Lawyer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Victoria Brent				
Father's Name	Frank Mathews		Chas Co				
Mother's Maiden Name	Elizabeth Neal		Chas Co				
Name of person giving information	J. N. Hamilton		How related to deceased				
CAUSES OF DEATH							
Primary	Gastric Cancer		40				
Immediate	Toxæmia		How long 12 months				
Are the name, age, sex, color, date and place correctly given above?			How long 7 days				

Yrs

Signature of Physician

Address

Accident or Suicide?

Name
in
Full

Mitchell Merridith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death			Harry Merridith	
Married, Single or Widowed	Name of Wife or Husband		Stranges		
Father's Name	Thomas Merridith		Father's Birthplace	Stranges	
Mother's Maiden Name	Rebecca Threlkeld		Mother's Birthplace	Lhasa	
Name of person giving Information	Colbert Merridith		How related to deceased	Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

9

How long

not quite and

Immediate

Are the name, age, sex, color, date
and place correctly given above?

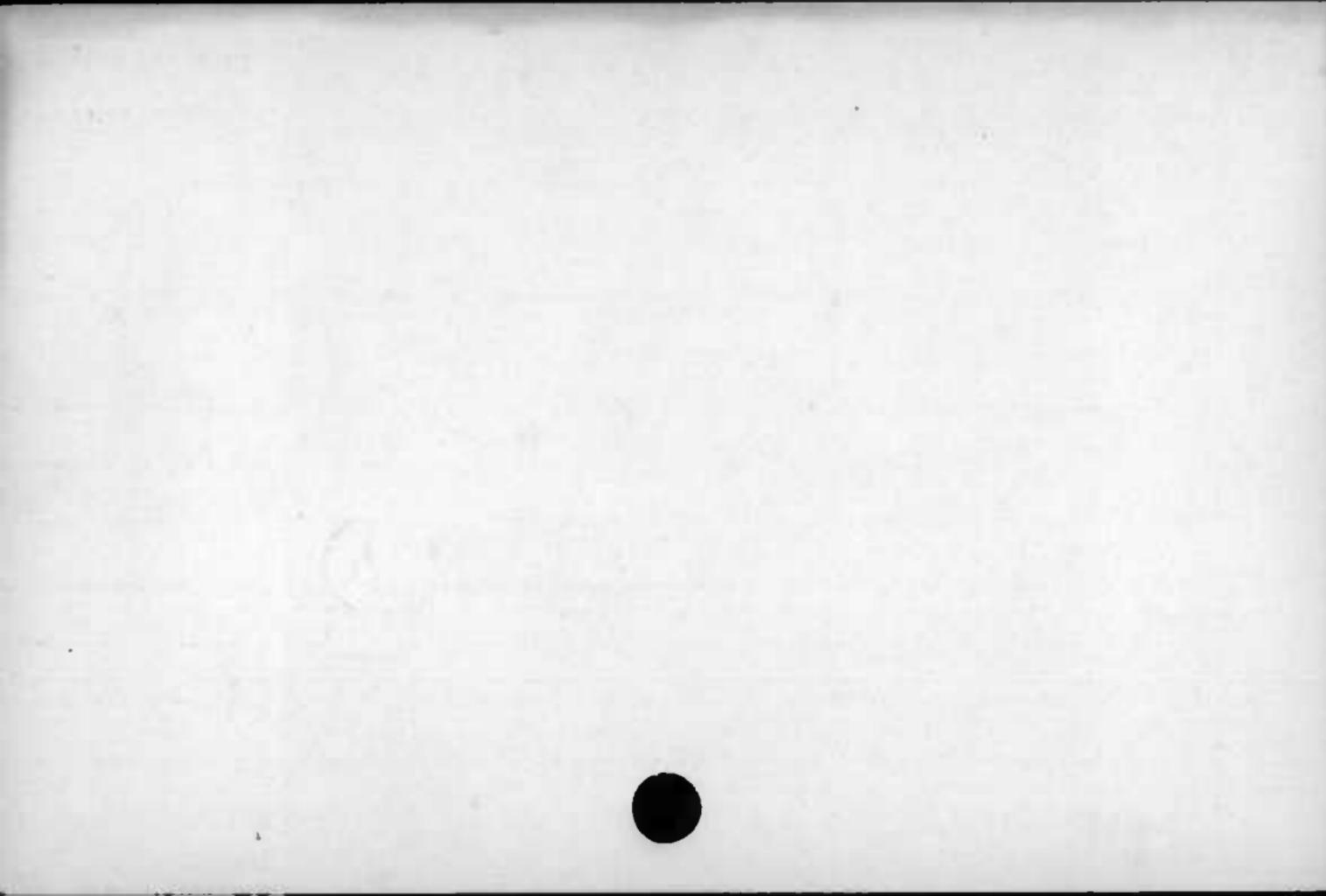
7/23

Signature of
Physician

Address

St Higdon
Waipside

Accident or Suicide?



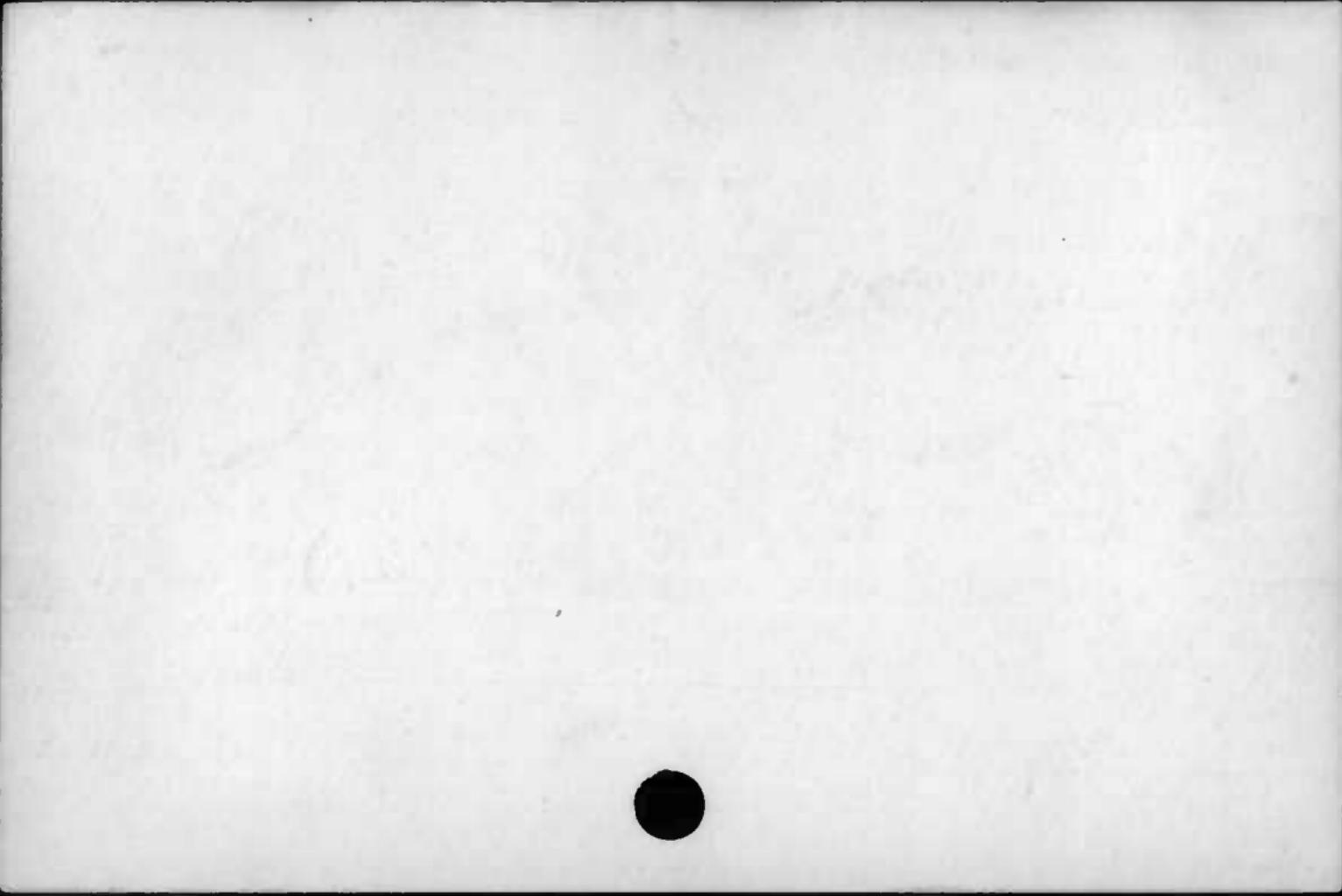
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		Town		County		MARYLAND	
Died at	Ballant Green		Charles				
Date of death	Month	Day	Years	Months		Days	
1908	June	5	18	11		6	
Sex	Female	Color or Race	Colored	Birth- place	Md		
Occupation	House Maid		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Bernard Shorter				
Father's Name	John Muller		Father's Birthplace	Md			
Mother's Maiden Name	Sarah Muller		Mother's Birthplace	Md			
Name of person giving Information	Helen Chapman		How related to deceased	Sister			
CAUSES OF DEATH							
Primary	Acute Nephritis		119	2 mos.			
Immediate	Traumatic Convulsions		How long	24 hours			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	A. Morton Brown			
Yes			Address	Appeared dead			
Accident or Suicide?				Yes			

PHYSICIAN
OR CORONER



Name
in
Full

Anna H. Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bryantown</u>		Town <u>Charles</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>6</u>	Day <u>9</u>	Years —	Months <u>3</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Age —		Birth-place <u>2nd</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Sing</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>James Moran</u>	—		Father's Birthplace <u>2nd</u>		
Mother's Maiden Name <u>May Lyon</u>	—		Mother's Birthplace <u>2nd</u>		
Name of person giving information <u>James Moran</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

179

How long

2 mo

How long

2 days

PHYSICIAN
OR CORONER

Primary

Malaria

immediate

Kills from

Are the name, age, sex, color, date and place correctly given above?

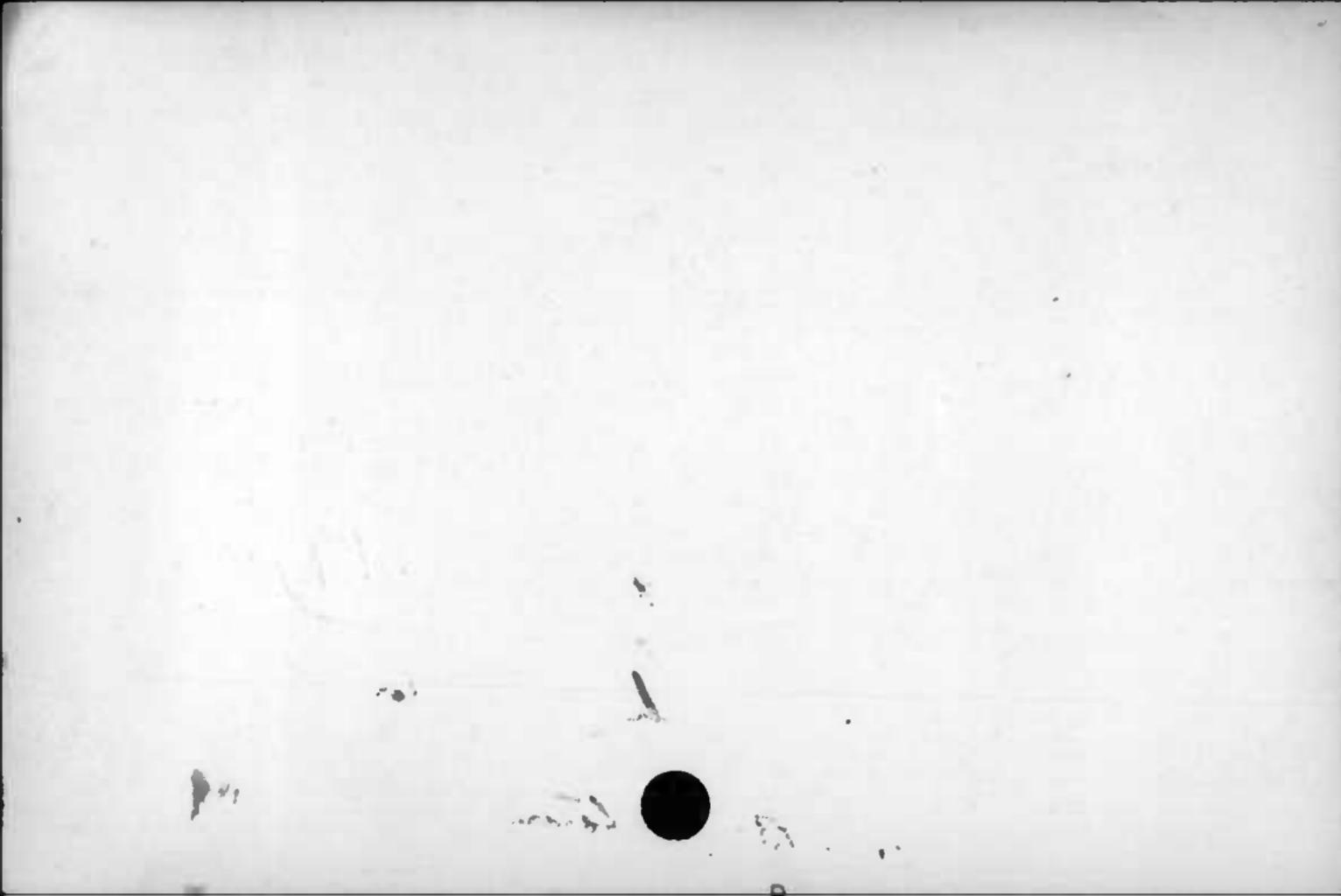
for

Signature of Physician

Address

Kerry Cleghorn
Kerry Moran 2nd

Accident or Suicide?



Nelly Morris.

CERTIFICATE OF DEATH

Died at White Plains		County Charles		MARYLAND	
Date of death 1908	Month 6	Day 2	Years 9	Months	Days
Sex F	Color or Race Colored		Birth-place Delaware		
Occupation None	Where Residing if not at place of death 9				
Married, Single or Widowed S	Name of Wife or Husband		Father's Birthplace Ind.		
Father's Name John H Morris	Mother's Birthplace Del.			Mother's Maiden Name Leana Houston	
Name of person giving Information John H Morris	How related to deceased Father				

CAUSES OF DEATH

120

Primary

Bright's Disease of Kidney **Any Months**

Immediate

Ascaris in Heart **Two Weeks**

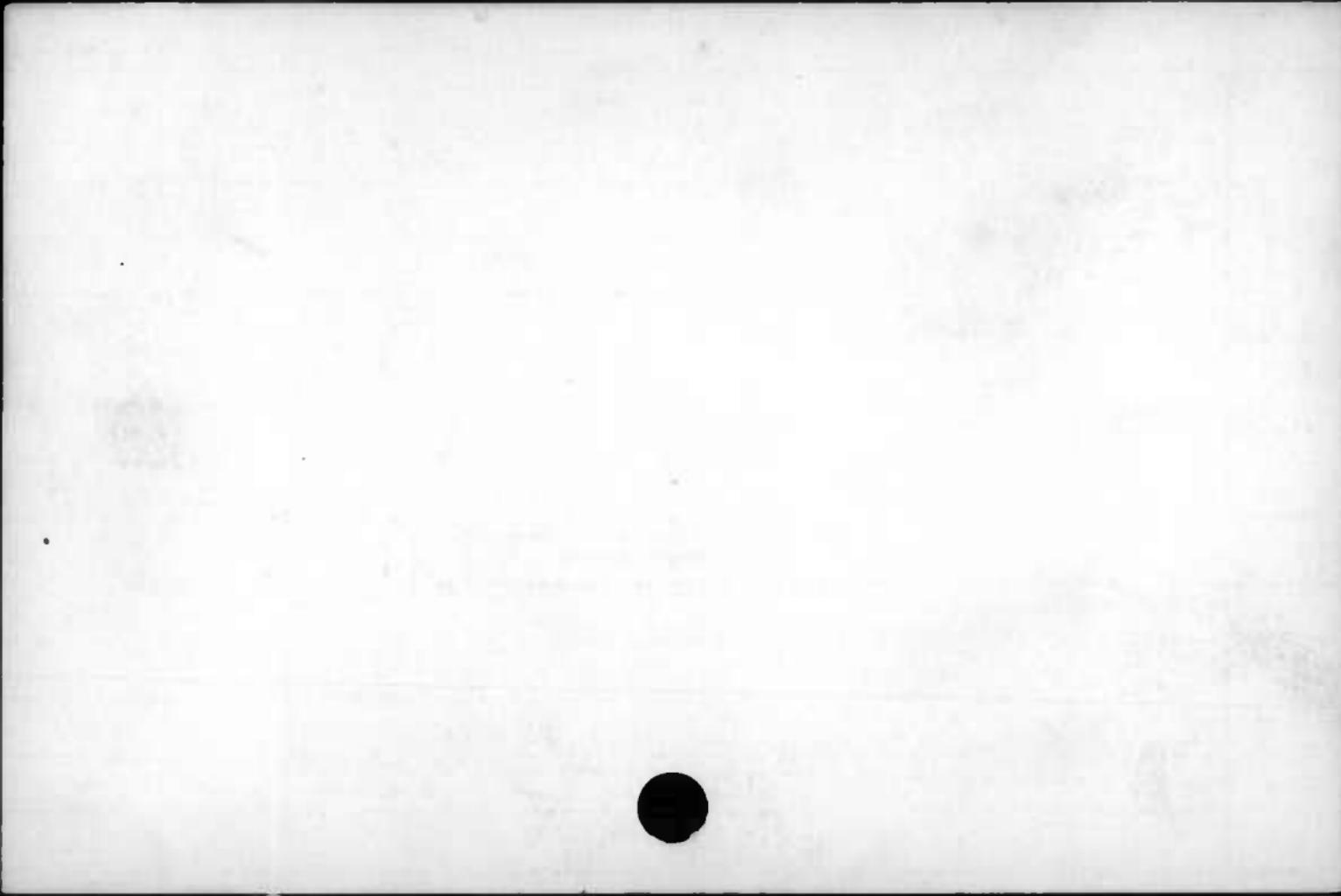
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Le Hannon.
La Plata

Accident or Suicide?



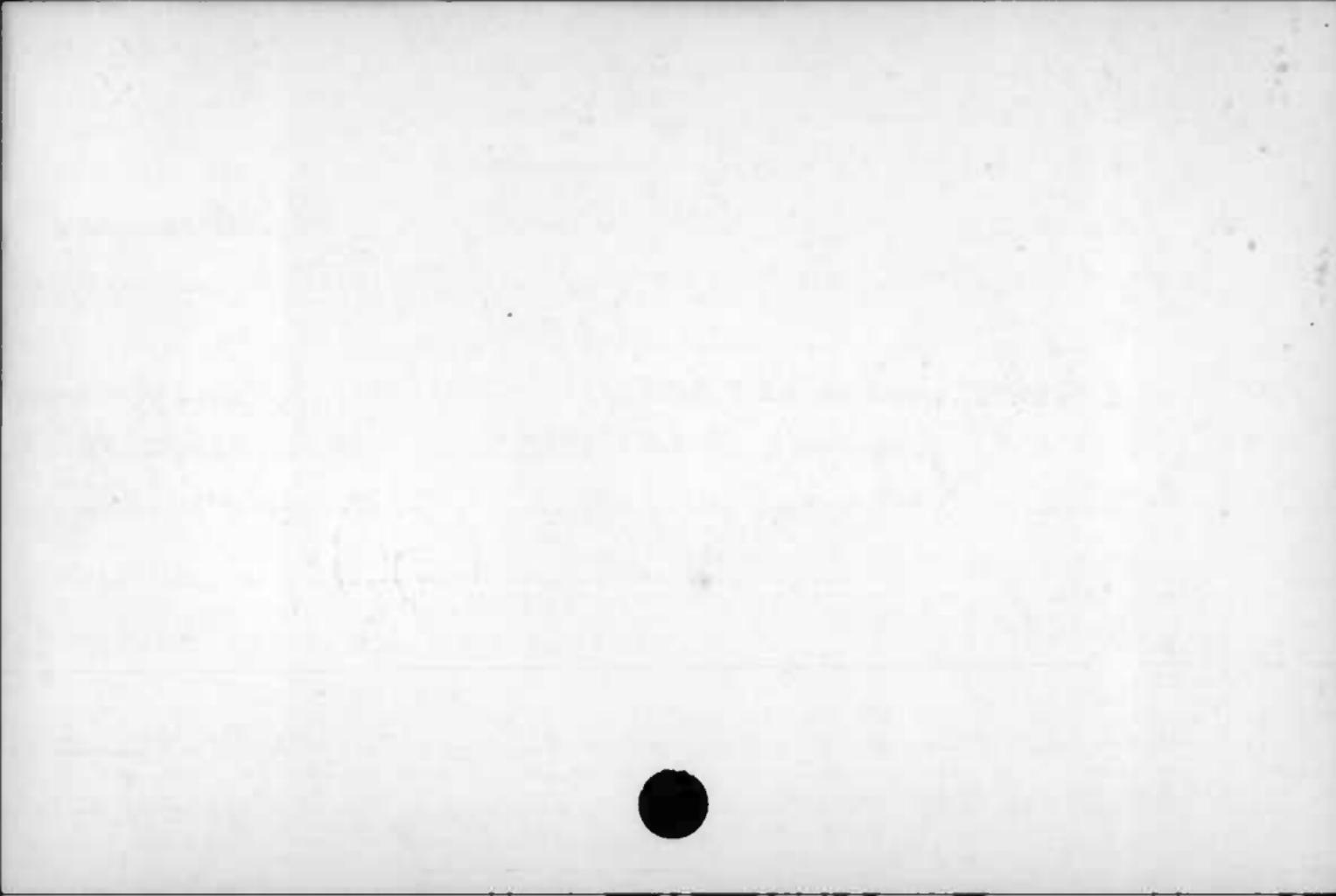
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>White Plains</u> <small>own</small>		<u>Bitter</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>2</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Dul</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John Bitter</u>					Father's Birthplace <u>Dul</u>
Mother's Maiden Name <u>Lillian Sticks</u>					Mother's Birthplace <u>Dul</u>
Name of person giving information <u>Lillian Bitter</u>					How related to deceased <u>Mother</u>
CAUSES OF DEATH					
Primary <u>Still Born</u>	<u>S</u> How long <u>—</u>				
Immediate <u>—</u>	How long <u>—</u>				
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G.O. Morris</u> Address <u>Adelphi</u>				
Accident <u>—</u>					



Name
in
Full

Mable Simmow

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	Aug	7	40	1			
Sex	Female	Color or Race	Colored	Birth-place	Chicamun Md		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Singled	Name of Wife or Husband	None				
Father's Name	Philip Simmow			Father's Birthplace	Chicamun		
Mother's Maiden Name	Figunus Nelson			Mother's Birthplace	Pisgah Md		
Name of person giving information	Philip Simmow			How related to deceased	Father		

CAUSES OF DEATH

105

How long

How long

PHYSICIAN
OR CORONER

Primary

Colerantor

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

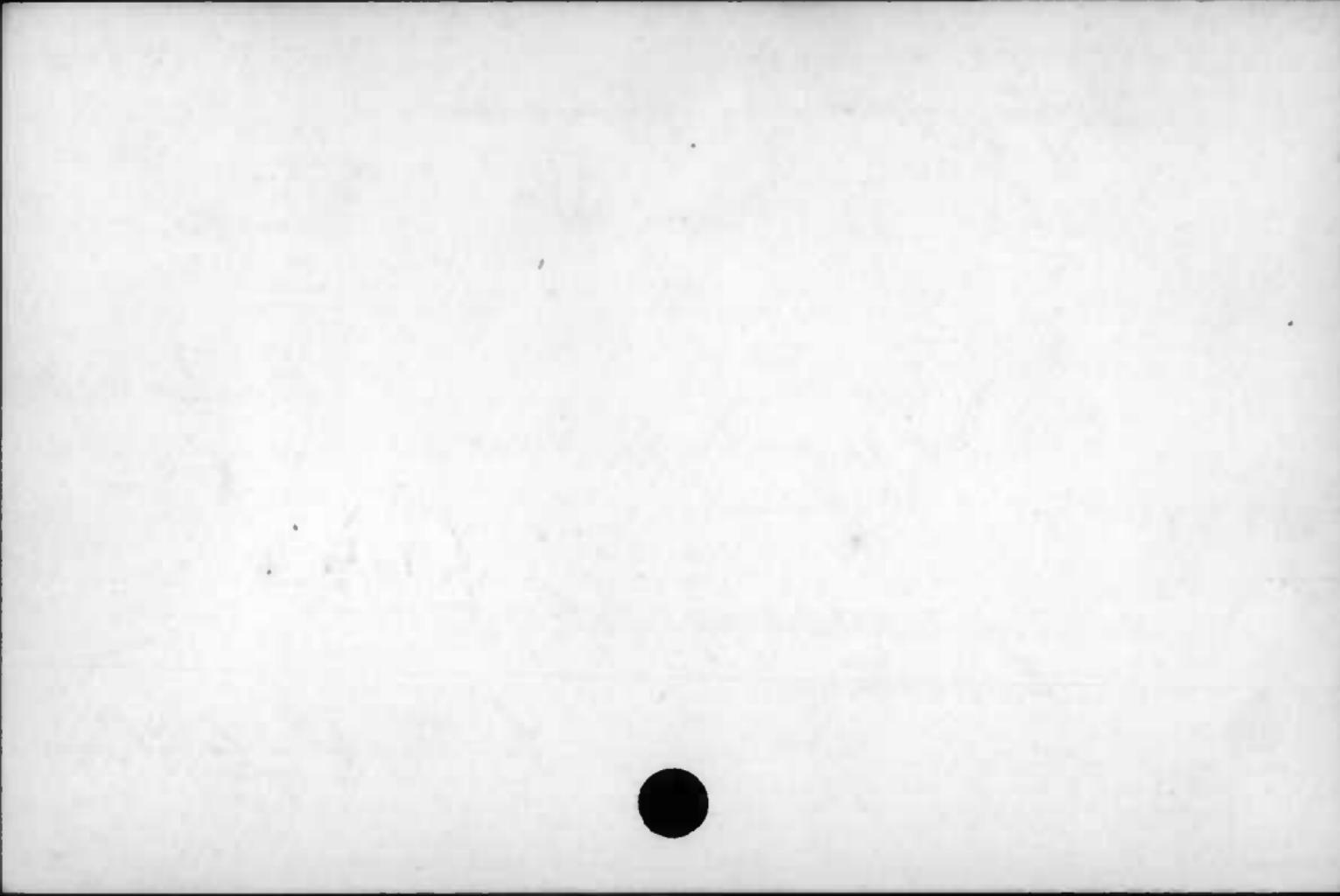
Address

Charles & Carpenter

None in attendance

Accident or Suicide?

Sub. Reg: 2nd District Pisgah Md.



Name
in
Full

Thomas Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Hill Top</u>		Town	County <u>Charles</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>7</u>	Age <u>59</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Charles Co Md</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Charles Co Md</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan M. Ward</u>	Father's Birthplace <u>Charles Co Md</u>				
Father's Name <u>John Ward</u>	Mother's Birthplace <u>Charles Co Md</u>					
Mother's Maiden Name <u>Mary Jones</u>	How related to deceased <u>Brother</u>					
Name of person giving information <u>Wallace. Ward</u>						
CAUSES OF DEATH						
Primary <u>Intestinal Carcinoma - Nephritis</u>	How long <u>41</u>					
Immediate <u>Inanition</u>						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. C. Bicknell</u>					
	Address <u>Prayak Md.</u>					
Accident or Suicide?						

